

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2008
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NAME OF PROVIDER OR SUPPLIER GRANT PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	INITIAL COMMENTS	K 000		
	The annual Life Safety Code inspection was conducted on February 11, 2008. The following deficiencies were based on observations and interviews.			
K 017	NFPA 101 LIFE SAFETY CODE STANDARD	K 017	K 017 NFPA 101 Life Safety Code Standard # 1 Penetrations (Basement)	
	Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5		1. The 3-4 inch penetration and 2-3 inch penetration near the base level stairway door were repaired. 2. Maintenance Staff will complete a review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired. 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 4. Results of monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/08 03/27/08 03/27/08 03/27/08
	This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that there were penetrations in wall surfaces that would not resist the passage of smoke. These findings were observed in the presence of the Employees #9 and 10.			
	The findings include: Basement			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>3-14-08</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 017	Continued From page 1 1. A 3-4 inch penetration was observed in wall surfaces around a metal pipe and a 2-3 inch penetration was observed around BX cable that passed through the wall near the lower level stairwell door in two (2) of two (2) observations at 10:55 AM on February 11, 2008. 2. A 3-4 inch penetration was observed in wall surfaces above the washer near the soiled receiving area in one (1) of one (1) observation and ceiling tiles were missing in the washer area in four (4) of four (4) observations at approximately 11:00 AM on February 11, 2008. 3. A two (2) inch penetration was observed in wall surfaces above double doors in the laundry room in one (1) of one (1) observation at 11:10 AM on February 11, 2008. First Floor 1. A 2 x 4 foot section of wall surface was open above the gift shop entrance door in one (1) of five (5) observations at 11:10 AM on February 11, 2008. 2. A 2-3 inch opening was observed around BX cable near the entrance to the dietary office in one (1) of three (3) observations at 11:30 AM on February 11, 2008. Second Floor A 2-4 inch opening was observed in wall surfaces adjacent to double entrance doors to the 2 North lounge in one (1) of one (1) observation at 11:40 AM on February 11, 2008.	K 017	# 2 Penetrations and missing ceiling tile (Basement) 1. The 3-4 inch penetration above the washer near the soiled receiving area, and missing ceiling tiles in the washer area were replaced/ repaired. 2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions monthly. #3 Penetrations (Basement) 1.The 2 inch penetration above the double doors in the Laundry Room was repaired. 2.Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired. 3.Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 4.Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/08 03/27/08 03/27/08 03/27/08 03/27/08 03/27/08	

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K 017	Continued From page 2 Third Floor 1. A 1-2 inch opening was observed around metal pipes over the 3 South stairwell door in one (1) of one (1) observation at 12:10 PM on February 11, 2008. 2. Openings 3-4 inches were observed around metal pipes and communication wires in the electric room on unit 3 South in four (4) of four (4) observations at 12:15 PM on February 11, 2008. Fifth Floor A 1-2 inch opening was observed in wall surfaces near rooms 518 and 519 in one (1) of three (3) observations at 12:15 PM on February 11, 2008. Employees #9 and 10 acknowledged these findings at the time of the observation.	K 017	# 1 Penetrations- 1 st Floor 1. #1 The 2x4 Root Section above the gift ship entrance door was repaired. 2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired. 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/08 03/27/08 03/27/08 03/27/08	
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K 018 NFPA 101 Life Safety Code Standard #1 Double Doors (1 st Floor) 1. Double doors located at the entrance to the resident dining room has been repaired. 2. Maintenance Staff will complete an review on double doors throughout the facility to ensure penetrations have been repaired 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to double doors identified are repaired. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/08 03/27/08 03/27/08 03/27/08	

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K 017	Continued From page 3	K 017	<p>#2 Penetrations- 1ST Floor</p> <ol style="list-style-type: none"> 1. The 2-3 inch penetration near the entrance of Dietary Office was repaired. 2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired. 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 4. Results of monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions. <p>#1 Penetration (2nd Floor)</p> <ol style="list-style-type: none"> 1. The 2-4 inch opening at the double door entrance on 2 North was repaired. 2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 4. Results of monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions. 	03/27/08 03/27/08 03/27/08 03/27/08	

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K 017	Continued From page 3A	K 017	<p>#1 Penetration (3rd Floor)</p> <ol style="list-style-type: none"> 1. The 1-2 inch penetration over 3 South stairway door was repaired. 03/27/08 2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired. 03/27/08 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 03/27/08 4. Results of monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions. 03/27/08 <p>#2 Penetration (3rd Floor)</p> <ol style="list-style-type: none"> 1. The 3-4 inch penetration inside the Electrical Closet on 3 South was repaired. 03/27/08 2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired. 03/27/08 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired. 03/27/08 4. Results of monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions. 03/27/08 		

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K 017	Continued From page 3B	K 017	<p>#1 Penetration (5th Floor)</p> <p>1. The 1-2 inch penetration near rooms 518 and 519 were repaired.</p> <p>2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired.</p> <p>3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired.</p> <p>4. Results of monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions.</p>	<p>03/27/08</p> <p>03/27/08</p> <p>03/27/08</p> <p>03/27/08</p>

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K 018	Continued From page 3 Based on observations during the Life Safety Code inspection, it was determined that single and double swinging doors failed to lock and latch into frames. These findings were observed in the presence of Employees #9 and 10. The findings include: First Floor 1. Double doors located at the entrance to the resident's dining room in one (1) of one (1) door observation at 11:20 AM on February 11, 2008. 2. The entrance door to dietary services failed to close without assistance in one (1) of one (1) door observation at 11:40 AM on February 11, 2008. Second Floor 1. Double doors located at the entrance to Unit 2 North near the lounge were held in the open position by objects other than self closure devices in one (1) of four (4) doors observed at 11:45 AM on February 11, 2008. 2. The clean utility room door on Unit 2 North in one (1) of three (3) doors observed at 11:50 AM on February 11, 2008.	K 018	#2 Double Door (1 st Floor) 1. The entrance doors to Dietary Services will be replaced. 2. Maintenance Staff will complete an review on double doors throughout the facility to ensure penetrations have been repaired. 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to double doors identified are repaired. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions. #1 Double Doors (2 nd Floor) 1. Double Doors located on 2 North near the lounge was repaired. 2. Maintenance Staff will complete an review on double doors throughout the facility to ensure penetrations have been repaired 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to double doors identified are repaired. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/08 03/27/08 03/27/08 03/27/08 03/27/08 03/27/08	

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K 018	Continued From page 4 2 North in one (1) of four (4) doors observed at 11:55 AM on February 11, 2008. Third Floor 1. Double doors located at the entrance to 3 South from Unit 3 North near room 319, failed to close and latch into frames in one (1) of four (4) doors observed at 12:05 PM on February 11, 2008. 2. The entrance door to resident room 425 in one (1) of three (3) doors observed at 12:20 PM on February 11, 2008. Fifth Floor 1. Double doors located near rooms 518 and 519 failed to remain in the open position when tested due to inoperative closures in one (1) of three (3) doors observed at 1:10 PM on February 11, 2008. 2. A fire door was missing at the entrance to 5 North near the hallway elevators on February 11, 2008. According to Employee #9, the door was damaged and removed from the frame on February 3, 2008, replaced and subsequently damaged and removed on February 10, 2008 in one (1) of four (4) doors observed on February 11, 2008 at 1:20 PM. Employees #9 and 10 acknowledged these findings at the time of the observation.	K 018	#2 Clean Utility Room (2 nd Floor) 1. The Clean Utility Room door on 2 North was repaired. 2. Maintenance Staff will complete an review on double doors throughout the facility to ensure penetrations have been repaired. 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to double doors identified are repaired. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions. #1 Double Doors (3 rd Floor) 1. Double doors locate between 318 and 319 was repaired. 2. Maintenance Staff will complete an review on double doors throughout the facility to ensure penetrations have been repaired. 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to double doors identified are repaired. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/28/08 03/27/08 03/27/08 03/27/08
K 048	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1	K 048		

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K 018	Continued From page 4 2 North in one (1) of four (4) doors observed at 11:55 AM on February 11, 2008. Third Floor 1. Double doors located at the entrance to 3 South from Unit 3 North near room 319, failed to close and latch into frames in one (1) of four (4) doors observed at 12:05 PM on February 11, 2008. 2. The entrance door to resident room 425 in one (1) of three (3) doors observed at 12:20 PM on February 11, 2008. Fifth Floor 1. Double doors located near rooms 518 and 519 failed to remain in the open position when tested due to inoperative closures in one (1) of three (3) doors observed at 1:10 PM on February 11, 2008. 2. A fire door was missing at the entrance to 5 North near the hallway elevators on February 11, 2008. According to Employee #9, the door was damaged and removed from the frame on February 3, 2008, replaced and subsequently damaged and removed on February 10, 2008 in one (1) of four (4) doors observed on February 11, 2008 at 1:20 PM. Employees #9 and 10 acknowledged these findings at the time of the observation.	K 018	#1 Double Doors (5 th Floor) 1. Double Doors located near rooms 518 and 519 were repaired. 2. Maintenance Staff will complete a review on double doors throughout the facility to ensure penetrations have been repaired 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly and ensure double doors that fail to lock and latch into frames are repaired. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions. #2 Fire Door (5 th Floor) 1. The missing fire door at the entrance of 5 North near the hallway elevators has been replaced. 2. Maintenance Staff will complete a review of all fire doors throughout the facility to ensure penetrations have been repaired/ addressed. 3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly and ensure damaged or missing fire doors are repaired or replaced. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/08 03/27/08 03/27/08 03/27/08 03/27/08 03/27/08
K 048	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1	K 048		

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K 048	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that evacuation routes failed to show the location of pull stations, fire extinguishers and "you are here" designations. These findings were observed in the presence of the Employees # 9 and 10. The findings include: Evacuation routes posted in the hallway failed to show the locations of fire extinguishers, pull stations, and "you are here" designations near the multi purpose room, dietary office and lower level stairwell in three (3) of six (6) evacuation route observations on at 1:30 PM on February 11, 2008. Employees #9 and 10 acknowledged these findings at the time of the observation.	K 048	K 048 NFPA 101 Life Safety Code Standard-Evacuation Routes 1. The Fire Evacuation Plan designated near Multi Purpose, Dietary Office and lower level stairwell updated. 2. Posted Fire Evacuation Plan will be reviewed for correctness and updated as appropriate. 3. The Maintenance Supervisor will in-service staff regarding location and importance of Fire Evacuation being posted and updated. The Maintenance Director will QI monitor Fire Evacuation Plan for posting and Appropriateness. 4. Results of QI Monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/08 03/27/08 03/27/08 03/27/08
K 051	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available.	K 051	K 051 NFPA 101 Life Safety Code Standard 1. The water flow device, pressure switch, audible and visual alarms were checked to ensure appropriate functioning. 2. The water flow device, pressure switch, audible and visual alarms will be checked quarterly with documentation placed on the quarterly testing schedule/log sheet. 3. The Maintenance Director has been in-serviced regarding the importance of testing the water flow device, pressure switch, audible and visual alarms. The Maintenance Director will test the water flow device, pressure switch, audible and visual alarms for functionality quarterly. Results of testing will be placed on the Testing Schedule/ Log Sheet. The Administrator will QI monitor documentation of testing of water flow device, pressure switch, audible and visual alarms checks. 4. Results of QI monitoring will be reported to the RM/QI Committee for continued compliance/revision.	03/27/08 03/27/08 03/27/08 03/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/11/2008
NAME OF PROVIDER OR SUPPLIER GRANT PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 051	<p>Continued From page 6</p> <p>There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observations during the Life Safety Code inspection, it was determined that alarm testing was not conducted on a quarterly basis as required.</p> <p>The findings include:</p> <p>Documentation was not available to show that alarm devices such as: water flow devices, pressure switches, and audible and visual alarms, were tested on a quarterly basis as required. The alarm devices were tested on April 10, 2007. There was no documented evidence that the alarm devices were tested since that time in one (1) of four (4) observations of documentation for alarm devices at 1:35 PM on February 11, 2008.</p> <p>Employees #9 and 10 acknowledged these findings at the time of the observation.</p>	K 051			